





Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	CITIZ	ers FOR	BOUDEN	
Account Number:		Date of	of this Report: /-//-08	
REPORTING PERIOD:	FROM: <u>/-/</u>	7-07 TO:	12-31-07	
Check the box that applies to t	his report:			
Primary Election General Election Other Election Special Election	□ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY	Office: Clerk of THE PEACE	7
Year End Report	Completed Act	ivities (Terminate)	Temination Date:	
regulations regarding Campai	gn Finance and the	election process in the State	accurate and correct. I agree to abide by all rules and te of Delaware. I understand that representatives from formation provided on this report.	
TREASURER SEENATURE	elle		1-/1-08 DATE	
3			1-11-08	
CANDIDATE SIGNATURE	5		DATE	



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:_ '	REPORTING PERIOD: /-/-07	12-31-07
	W. W 1K	FROM	то
1.	BEGINNING (Close Out)	G BALANCE Balance from last reporting period)	406.69
2.	RECEIPTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	
	В,	SCHEDULE C-1 – TOTAL IN-KIND (NON CASH) RECEIPTS	
	c.	SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED	
	D.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES RECEIVED	0
	E. SUBT	FOTAL (Total of A, B, C, D)	
3.	EXPENDITU	URES:	
	F.	SCHEDULE B – TOTAL EXPENDITURES	211
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIPTS USED)	
	н.	SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING	
	I.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID	
	J. SUB	TOTAL (Total of F, G, H, I)	2/1
4.	ENDING BA (Beginning	LANCE Balance plus 2E, minus 3J)	195.69
5.	NON-CASH	ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F)	
6.	DISPOSITIO	N OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedule G)	
7.	LOANS AT F	END OF PERIOD (Loan Balance from Schedule D-2)	
8.	CLOSE OUT	BALANCE (Must equal zero if Committee closed)	195.69



SCHEDULE A - TOTAL RECEIPTS

ACCT #:_			REPORTING PERIOD:	1-1-07	12	2-3/-07
				FRO	OM	то
over \$50. No	OTE: If you recei	ve funds from the same person	ipts from sales of items must be ite or organization several times duri ver \$100, even if the individual am	ing the reporting		
RECEIPTS	IN EXCESS OF					
Date	Contrib	Contributor	Contributor		Aggregate	Amount
Received	Type	Name	Mailing Address		Amount	Received
			THE STATE OF STATE OF			
					The	
	DECEMBER 1					
LINE OF THE	201-8014					
				U- III VIII		
TOTAL RE	CEIPTS IN EX	CESS OF \$100				0
- Jim Ki	IO II IO	31 9100				
TOTAL RE	CEIPTS NOT I	N EXCESS OF \$100				0

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)

GRAND TOTAL RECEIPTS



SCHEDULE B - TOTAL EXPENDITURES

ACCI#:	•	REPORTING PERIOD:	1-1-01	FROM	
				FROM	10
of the amount. NO	ΓΕ: IF you expend funds to the control of the c	ting period. All expenditures to the same person or organization solution, even if the individual amount	everal times during the reporti	temized, regardless ng cycle, each iten	s a
EXPENDITURES	IN EXCESS OF \$100:				
Date Expended	Payee Name	Payee Mailing Addres	Reason Code	Aggregate Amount	Amount Expended
Parakini mas					IRCE INSE
		THE SHALL SHE SELL SHE	THE RESERVE		
		州高省东州田北州		THE RELLES	BENEST HERE
		ACCOUNT OF THE PARTY OF THE PAR			MALTHOUSE
			SHOULES HE BUILDY II.	N. S. De S. L. C.	
United States				THE RELEASE	
			THE REAL PROPERTY.		
					3600555
			A STATE OF THE STA	- New Park Ball	
COLUMN TO SERVICE		BOTTOM SERVICE SERVICE		ESTEROLENIES	
THE PARTY		BOTTO TO VELLE A BUTCH			
1000		自己的			
COTAL EVDENI	DITURES IN EXCESS OF	\$100			0
IOTAL EAFENE	ITURES IN EXCESS OF	3100			
TOTAL EXPEND	DITURES NOT IN EXCES	S OF \$100			211
		and and the second of the seco			

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

GRAND TOTAL EXPENDITURES



SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

NOTE: If you red	and services contributed at no cleeive in-kind contributions from	narge or less than fair market value in excethe same person or organization several times over \$100, even if the individual amount	ss of \$100 for the reporting period,	iod.
	TRIBUTIONS IN EXCESS OF ED VALUE RECEIVED IS FAIR MA Contributor	\$100: RKET VALUE LESS ANY PAYMENTS YOU M Contributor	ADE FOR THE GOODS OR SERV	(CES) Estimated
Received	Name	Mailing Address	Contribution	Value Received
			ST STATE OF STATE OF	
		This action is a secretary as a second		
FL ST 9 LES				
OF REAL PROPERTY.	SELECTION AS THE DELICATION OF THE PERSON OF		THE REPORT OF THE PARTY OF THE	SI DELL'ACTOR DE
13114	THE RESIDENCE OF THE PARTY OF			
	Maria Balance Labor	MARKET STREET,		E PARTIE OF
	STORE WELL SERVICE TO THE PARTY OF THE PARTY		NO. DECEMBER 1885 WHEEL	
			NAME OF TAXABLE PARTY.	
	GREAT DESCRIPTION OF THE RESERVE OF THE PERSON OF THE PERS	CALLED A LABOR OF THE LOCK BANK		RI PER DE LA CONTRACTION DEL CONTRACTION DE LA C
	Visit and the second second			
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		ALERGE HER CORP. THE PERSON		
C 11 13 1 1 2 1				
	ND RECEIPTS IN EXCESS OF			

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

GRAND TOTAL IN-KIND RECEIPTS



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. IN-KIND EXPENDITURES IN EXCESS OF \$100: (NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES) Date Person or Activity Person or Activity Description of Estimated Name Location or Mailing Address Expenditure Value Expended Name Location or Mailing Address Handle Services (Services) IN-KIND EXPENDITURES IN EXCESS OF \$100: NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES) Date Person or Activity Description of Estimated Value Expended Name Location or Mailing Address Expenditure Value Expended (Services) IN-KIND EXPENDITURES IN EXCESS OF \$100: NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES) Date Person or Activity Description of Estimated Value Expended (Services) IN-KIND EXPENDITURES IN EXCESS OF \$100: IN-KIND EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OF SERVICES) IN-KIND EXPENDITURES IN EXCESS OF \$100: IN-KIND EXPENDITURES IN EXCESS OF \$100: IN-KIND EXPENDITURES IN EXCESS OF \$100: IN-K	ACCT #:		REPORTING PERIOD:	/- /- 07 FROM	12-31-07 TO
Date Person or Activity Person or Activity Description of Estimated	NOTE: If you po each item must l	ay in-kind expenditures to the sa be listed if the aggregate amoun ENDITURES IN EXCESS OF	me person or organization several tin t is over \$100, even if the individual \$100:	nes during the reporting period, amounts are not.	
Expended Name Location or Mailing Address Expenditure Value Expend				Description of	of Estimated
	Expended	Name	Location or Mailing Addr	ess Expenditure	Value Expended

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

ACCT#:	-	REPORTING PERIOD:	1-1-01	12-31-0	
			FROM		TO
All loans and	debts in excess of \$50 RECEIVED DURING THIS RE	PORTING PERIOD should be itemized on this schedule. N	OTE: These loans must also be listed on Sc	hedule D-2.	
A STATE OF THE PARTY OF THE PAR	CEIVED IN EXCESS OF \$50:	Endorser Name	Description	Int	Amount
Date Received	Obligated To (Name) And Mailing Address	and Mailing Address	of Security	Rate	Received
8					
1 2					
					E CLASS
	OF IT SHOW THE PROPERTY.				10-17
5-73					-30
TOTAL LO	OANS AND DEBTS RECEIVED				0
(TOTAL AMO	OUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATE	MENT OF ACCOUNT BALANCE, ITEM 2C)			



SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

NS IN EXCESS OF \$50:		B 1.0	1	L add at I		
ate Obligated To (Name) eived And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
			TIS II SUST			
					ATL PA	
						AU EV



SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT #:			REPORTI	NG PERIOD: /	-1-0/
					FROM
ner er en en en er er en	imbursements received by you and paid by you must be it	remized. rements from other Committees for expenses you incu	rred.)		
Date	Reimburser Name	Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
				REST LINE	
		STATE OF THE PARTY OF THE STATE			The state of the state of
				20 K	RENEWS A
			1 2 7 3	THE REAL PROPERTY.	BULL TO ME
TOTAL REIN	MBURSEMENTS RECEIVED FROM OTHER COM	MITTEES			0
(REIMBURSEM	ENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE	2. STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
REIMBURSE	MENTS PAID (Monies paid by you to reimburse oth				
Date	Payee Name	Description	Activity	Total	Reimbursement
Paid	and Mailing Address	of Activity	Date	Expense Amount	Paid
				3.11/2.1.3	
TOTAL DEIN	MBURSEMENTS PAID				0
TOTAL KEIN	IDURSEMENTS FAID			ı	
(REIMBURSEM	ENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, ST.	ATEMENT OF ACCOUNT BALANCE, ITEM 31)			



SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

ACCT #:		REPORTING PERIOD:	1-1-01	12-31
,			FROM	12-3/ TO
Itemize all non-cash as contributed to the organ	sets owned by the organization including t nization.	hose paid for by the organization, lent to	o the organization and	
LIST ALL NON-CAS	SH ASSETS:			
Date	Description	Location		Value
Received	of Asset	of Asset (Physical	Address)	of Asset
			MUZINE	
		No succession and restrict		
HUMAN PERMI				
			PARTY OF THE P	
				vo li
TOTAL NON CASH	ACCET WALLE			3

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT#:	35	REPORTING PERIOD:	1-1-07	12-3/-
				1 T
temize all non-cash ass	ets disposed of, transferred or sold by the o	rganization during the reporting perio	od.	
Date	Description	Disposi	ition	Value
Eliminated	of Asset	of As		Received
				L I V HILLES
Marin Rudge				
			Block of the	THE COLUMN
NAME OF TAXABLE				
				Roll Land
	THE STATE OF THE S			
	THE RESERVE OF THE PERSON			
OTAL ASSETS ELI	MINATED			
	MINA I ED ATED SHOULD ALSO APPEAR ON PAGE 2, ST			